

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being faxed to the Commissioner for Patents and Trademarks, Washington, D.C. 20231, at 703-746-7239 on October 10, 2002.


Grace AliciaIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: October 10, 2002

HEUMANN

Serial No.: 09/685,165

Group Art Unit: 2172

Filed: Oct. 5, 2000

Examiner: Kindred, Alford W.

For: KNOWLEDGE FILTER

RECEIVED

OCT 10 2002

Assistant Commissioner for Patents
Washington, D.C. 20231**Technology Center 2100**AMENDMENT

Sir:

In response to the Office Action dated August 15, 2002, please enter the following remarks:

IN THE CLAIMS

1. A method for sharing knowledge comprising the steps of:

- B1
A1
- (a) receiving information input into a database;
 - (b) organizing items of information in the database;
 - (c) collecting ratings and comments associated with each item of information;

and

(d) allowing users to access and sort items of information according to selected rating criteria in order to find the most reliable and/or valuable information from the database.

SAWYER LAW GROUP, LLP
2465 East Bayshore Road, Suite 406
Palo Alto, California 94303
Telephone: (650) 493-4540
Facsimile: (650) 493-4549

FACSIMILE TRANSMITTAL

Date: October 10, 2002
To: Alford W. Kindred
Organization: USPTO
Fax Number: (703) 746-7239
Phone Number: (703) 305-3802
From: Joseph A. Sawyer, Jr./ by lr
Re: U.S. Patent Application
Serial No. 09/685,165

Official



This is page 1 of 13 pages.

Formal Transmittal Letter and Amendment follow.

CONFIDENTIALITY NOTE:

The information contained in this facsimile (FAX) message is legally privileged and confidential information intended only for the use of the receiver or firm named above. If the reader of this message is not the intended receiver, you are hereby notified that any dissemination, distribution or copying of this FAX is strictly prohibited. If you have received this FAX in error, please immediately notify the sender at the telephone number provided above and return the original message to the sender at the address above via the United States Postal Service. Thank you.

TRANSMITTAL FORM

Attorney Docket No.

1776P

In re the application of HEUMANN

Date: October 10, 2002

Serial No: 09/685,165

Group Art Unit: 2172

Filed: Oct 5, 2000

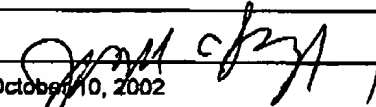
Examiner: Kindred, A. W.

For: Knowledge Filter

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	28	28	0	\$18.00	\$ 0.00
Independent Claims	2	3	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	October 10, 2002

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence (Transmittal and Amendment) is being faxed to fax no. 703-746-7239 addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: October 10, 2002	
Type or printed name	Grace Alicea
Signature	